

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/						51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14	/						64					
15							65					
16							66					
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35							85					
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37							87					
38							88					
39							89					
40							90					
41							91					
42	/						92					
43	/						93					
44							94					
45	/						95					
46	/						96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	6						TOTAL IND.					
TOTAL DEP.	48						TOTAL DEP.					
TOTAL CLAIMS	54						TOTAL CLAIMS					